# RAISING THE PARENTS' AWARENESS OF THE IMPORTANCE OF THE PHYSICAL ACTIVITY FOR THE CHILDREN HEALTH

(Preliminary communication)

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#### **Abstract**

The health education starts immediately after the birth of the child and continues through his whole conscious life. Parents should be first involved in this process followed by the educational institutions. One of the major factors to achieve full and healthy lifestyle is the physical activity. The purpose of this study is to examine the level of motor activity in the preschool and early school age children and the level of awareness of their parents of the age standards. Survey of 50 parents of preschool age children (5 - 6 years old) and 50 parents of early school age children (7-10 years old) was conducted. The study showed that the motor activity in the two age groups is low during the time spent outside the kindergarten and school. One of the main reasons therefor is the lack or insufficient awareness of the parents toward the benefits from the physical activity and age standards. There is a need to develop and implement health education programmes aimed at raising the awareness of the parents. These programmes should have two basic modules: training module which involves specialists in physical therapy and motivational module where psychologists and physiotherapists should participate.

**Keywords**: preschool and early school age children, health education programmes, Questionnaire, general practitioners, physical activities

### INTRODUCTION

The health education starts immediately after the child birth and continues through his whole conscious life. The purpose of the health education is to contribute to the proper formation and strengthening of the physical and mental health of the children and adolescents and for their harmonious development as active and viable individuals. The final result should be formation of health culture which forms the basis and is a source of healthy lifestyle and a prerequisite for better quality of life and personal activity.

The health and educational activities in Bulgaria are carried out by the general practitioners, nurses in the kindergartens and school health offices and the specialists of the outpatient hospitals. However, the parents should be first involved in the health education of the children. For this purpose, they should be aware of the factors which determine the healthy lifestyle - physical activity, healthy eating, optimal daily regime, etc.

The physical activity is one of the major factors to achieve full and healthy lifestyle. The regular physical exercises contribute to the maintenance of the normal body weight, protect the body from a number of diseases and improve the physical and mental health.

The term "physical activity" includes any movement of the body made by the skeletal muscles which leads to consumption of energy in excess to that consumed when the body is at rest. According to the definition of the World Health Organisation, the physical activity is an essential tool for the health maintenance. It reduces the risk of occurrence of many non-communicable diseases and is of the benefit to the society, since it increases of social interaction and commitment. Based on Timmons BW(2012); Hills (2011); Timmons BW (2007) , physical activity may contribute to the prevention and/or treatment of childhood overweight and obesity. When considering the physical activity in the healthy people the age should be taken into account (U.S. Department of Health and HumanServices, 2008).

The movement is a natural need of each child and is the main preventive measure to strengthen the child health. The preschool and school age is the period of growth and development of the adolescents. The motor activity of the children is an important factor which promotes this growth and development (Vasilevski (Василевски), 2007). Because of the positive health

outcomes associated with high levels of physical activity, and growing evidence of low levels of preschoolers' physical activity, a guidelines have been formulated. There is also a lack of consensus on the recommended duration of physical activity for the preschool children. Based on Tremblay, (2012); Australian Government Department of Health and Ageing (2011), Department of Health. UK physical activity guidelines (2011) National Association for Sport and Physical Education physical activity guidelines (2011.) recommend that preschoolers accumulate 3h (180 min) of total physical activity per day, irrespective of intensity. Other guidelines (Institute of Medicine of the National Academies, 2011) recommend 15 min of physical activity per hour per day, which is equivalent to 3 h of physical activity across the daily active period of 12 hours.

Involving parents may be promising as well, as the preschool children spends most of their time at the home environment based on Golan, (2006) and Birch, (2001), which is an important place for the development of healthy behaviours based on Dowda, (2011), Pocock, (2010), Campbell, (2007), Hesketh, (2010).

In order to encourage their children to be physically active the parents should be aware of the benefits of the physical activity and the standards applicable to the relevant age.

The purpose of this study is to examine the level of motor activity in the preschool and early school age children and the level of awareness of their parents of the age standards.

#### **METHODS**

The study involved 50 parents of preschool age children (5 - 6 years old) and 50 parents of early school age children (7-10 years old). The study was conducted within the Healing Kindergarten No.9 "Alen Mak", city of Varna, and the P. R. Slaveykov Primary School, city

of Varna. The participants were randomly selected, upon receipt of the informed consent of each respondent. The participation of each respondent was anonymous and was subject to his informed consent.

Survey (direct group anonymous survey) and documentary methods were used and analysis of the literary sources was made. The data was processed by statistical and graphical analysis.

#### RESULTS AND DISCUSSION

The results of the study on the children activity in the leisure time for the two age groups are presented in Table 1.

Neither of the two groups succeeded to completely cover the motor activity standards applicable to the relevant age.

The results in the children aged 7-10 shows that 66% of them walk to school. Only 22 % of the children aged 5-6 walks to the kindergarten. This difference is likely to be explained by the commitment of the parents to accompany the children to the relevant educational establishment. The preschool age children must be brought to / taken from the educational establishment by their parents. This is often done with personal means of transport. In school age, especially upon completion of first and second grade and if the school is located in close proximity to the home, the children may walk alone to school.

The difference in the indicator "Walking once for about an hour in the workdays" is very significant. Large percent of the children aged 5 - 6 (80 %) meets the criteria but, however, the criteria are not met by any child aged 7-10. One of the reasons therefore is probably the school regime and workload. In this age another phenomenon is observed - in addition to the greater autonomy of the children, the well-known retreat of the parents from the joint activities and commitment with

Table 1.	Activity	of ti	he ch	ildren	in the	leisure	time

Activity in the leisure time	Children aged 5-6	Children aged 7-10
The children walk to the kindergarten/school	22%	66%
The children ride a bike in their leisure time	72%	71%
The children play sports in their leisure time	30%	47%
The children walk once for about an hour in the workdays	80%	0%
The children walk in the park for about 2 hours in the weekends	92%	66%

Table 2. Awareness of the parents of the motor activity standards

Are the parents aware of the motor activity standards applicable to the age of their children?	Children aged 5-6	Children aged 7-10
The parents are not familiar with the standards	74 %	78 %
The parents are familiar to some extent with the standards	12 %	10 %
The parents are aware of the standards	14%	12%

the health education and supervision of the children, begins to develop.

This is also evidenced by the percentage distribution of the groups by the indicator "Walking in the park for about 2 hours in the weekends" - 92 % of the children aged 5-6 compared to 66 % of the children aged 7-10. The parents of the preschool age children still feel engaged and spends time to walk along with their children in the park on the weekends. Obviously in the work with the parents it should be stressed on the fact that they are responsible for the health education and control of the lifestyle of their children both when the children are in the kindergarten and thereafter.

In terms of the question "Are the parents aware of the motor activity standards applicable to the age of their children?" there is no statistically significant difference in the distribution of the answers given by the two age groups: 74 % of parents of children aged 5-6 answer that that they are not aware, 12% answer that they are aware to some extent and only 14% answer that they are aware of the standards.

The distribution of the answers in the group of the parents of children aged 7-10 is almost the same - in general, 78 % of the parents are not aware, 10 % are aware to some extent and 12 % declare that they are informed of the exercises that the children should make in this age (Table 2.).

The results of the study give reason to conclude that due to a number of objective and subjective factors the level of the motor activity in the two age groups is low during the time spent outside the kindergarten and school.

One of the main reasons therefor is the lack of awareness or insufficient awareness of the parents toward the benefits of the physical activity and age standards. Obviously, there is a need to develop and implement health education programmes aimed at raising the awareness of the parents. Such programmes may be implemented in the form of specialised training courses and trainings. The training courses should be completely practice-oriented and interactive. They should be conducted once a month, in a time convenient to the parents, in the relevant kindergarten or school.

The school doctors or medical professionals in the children's kindergarten or school may lead the training. It is appropriate to create a team which involves lecturers and consultants of various specialities - pedagogues, physicians, physiotherapists and psychologists. In order to be convinced of the need to invest time and efforts in the health education of their children, to encourage them and to carry out joint physical activities, the parents may be trained by using motivational techniques and by involvement in the so-called motivational groups. The groups should be led by a moderator - psychologist or physiotherapist who is qualified in motivational interviewing. This form of group training is especially appropriate, since the parents are able to indirectly make reasoned and sustainable choice to encourage the physical activity of their children.

#### **CONCLUSION**

The health education should start in early age in order to provide knowledge and create beliefs, skills, attitudes and opinion on the health and choice of healthy lifestyle of the children. The kindergarten and school are one of the most important factors for creating the human personality and therefore the introduction of the health education is of particular importance. In the preschool and early school age the key role for the maintenance of the children's physical activity is played by the parents. To be able to play this role the parents should be first informed and, last but not least, convinced of the importance of the motor activity for the health of their children. That is why the health education aimed at the parents should meet these two criteria - training and motivational module should be included in the programme.

#### REFERENCES

- Василевски, Н. Г. (2007). Двигателна активност сред населението на възраст 25-64 години в зоните на програма СИНДИ [Motor Activity among the Population aged 25-64 within the Countrywide Non-communicable Disease Intervention Programme. In Bulgarian.] Обща медицина, (4), 11-15.
- Birch, L.L., & Davison, K.K. (2001). Family environmental factors influencing the developing behavioral controls of food intake and childhood overweight. *Pediatr Clin North Am*, 48, 893-907.
- Campbell, K.J., & Hesketh, K.D. (2007). Strategies which aim to positively impact on weight, physical activity, diet and sedentary behaviours in children from zero to five years. A systematic review of the literature. *Obes Rev, 8,* 327-338
- Department of Health. (2011). UK physical activity guidelines. Retrieved Jul, 2011 from: http://www.dh.gov.uk/ en/Publicationsandstatistics/Publications/Publications-PolicyAndGuidance/DH\_127931 (accessed July 2011).
- Dowda, M, Pfeiffer, K.A., Brown, W.H., Mitchell, J.A., Byun., W., & Pate, R.R. (2011). Parental and environmental correlates of physical activity of children attending preschool. *Arch Pediatr Adolesc Med*, *165*, 939-944.
- Golan, M. (2006). Parents as agents of change in childhood obesity–from research to practice. *Int J Pediatr Obes*, 1, 66-76.
- Hesketh, K.D., & Campbell, K.J. (2010). Interventions to prevent obesity in 0–5 year olds: an updated systematic review of the literature. *Obesity (Silver Spring)*; 18(Suppl.1), 27-35.
- Hills, A.P., Andersen, L.B., Byrne, N.M. (2011). Physical activity and obesity in children. Br J Sports Med, 45, 866-870.
- Institute of Medicine of the National Academies. (2011). Early Childhood Obesity Prevention Policies. Washington, DC: The National Academies Press.
- Pocock, M., Trivedi, D., Wills, W., Bunn, F., & Magnusson, J. (2010) Parental perceptions regarding healthy behaviours for preventing overweight and obesity in young children: a systematic review of qualitative studies. *Obes Rev, 11*, 338-353.
- Timmons, B.W., Leblanc, A.G., Carson, V., Connor Gorber., S., Dillman, C., Janssen, I., Kho M.E., Spence, J.C., Stearns. J.A., & Tremblay, M.S. (2012) Systematic review of

physical activity and health in the early years (aged 0-4 years). *Appl Physiol Nutr Metab*, *37*, 773-792.

Timmons, B.W., Naylor, P.J., & Pfeiffer, K.A., (2007). Physical activity for preschool children–how much and how? *Can J Public Health*, *98*(Suppl. 2), 122-134.

Tremblay, M.S., Leblanc, A.G., Carson, V., Choquette, L., Connor Gorber, S., Dillman, C., Duggan, M., Gordon, M.J., Hicks, A., Janssen, I., Kho, M.E., Latimer-Cheung, A.E., Leblanc, C., Murumets, K., Okely, A.D., Reilly, J.J., Spence, J.C., Stearns, J.A., & Timmons, B.W. Canadian Society for Exercise Physiology. (2012) Canadian physical activity guidelines for the early years (aged 0–4 years). *Appl Physiol Nutr Metab*, *37*, 345-356

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